

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
(See Mailing Addresses At The End)

Claimant's Name and Address

Date: _____
S.S. No. _____
Call Center No. _____

You recently filed a claim for unemployment benefits and indicated that you were **not** a United States Citizen. In order for a non-citizen to be eligible for unemployment benefits, two requirements must be met: 1). You must have been lawfully present in, and authorized to work in, the United States during the time that you earned your base period wages. 2). You must be lawfully present in, and be authorized to work in, the United States during the period in which you are filing claims.

Before we can finish your unemployment claim, you will need to send in a photostatic copy of the **front and back** of your alien card. Normally, it is one of the following forms:

1. Form I-551, "Resident Alien" card
2. Form I-688, "Temporary Resident" card
3. Form I-688A, "Employment Authorization" card
4. Form I-688B, "Employment Authorization" card

If you have an alien card that is not listed above, still send in a photostatic copy. It will be reviewed and it will be determined if you will be eligible for unemployment benefits.

Do not send in your alien card because you must always carry it with you. Send in only a copy.

Please answer the following question (using black or blue ink) and return this form with the copy of your alien card.

I attest, under penalties of perjury, that I am (check one block):

- ☐ 1. An alien lawfully admitted for permanent residence in the United States. Alien number: A _____
- ☐ 2. An alien authorized by the Immigration and Naturalization Service to work in the United States.
Alien number: A _____ or Admission number _____
Expiration date of employment authorization, if any _____
- ☐ 3. An alien either not lawfully admitted for permanent residence or not authorized by the Immigration and Naturalization Service to work in the United States.

I certify that I have answered the above questions truthfully. I am aware that there are penalties for making false statements in order to obtain Unemployment Insurance benefits.

Claimant's Signature _____ Date _____

Me. B-7 (Web) (rev. 01/02)

MAIL OR FAX TO:

Bureau of Unemployment Compensation

**P.O. Box 4200
Lewiston, ME
04243-4200**

OR

**P.O. Box 610
Orono, ME
04473-0610**

OR

**P.O. Box 1088
Presque Isle, ME
04769-1088**

Fax: (207) 753-2851

Fax: (207) 561-4665

Fax: (207) 764-2142